

Meeting the Health Needs of the Child

By HAROLD C. STUART, M.D.

No one would have the temerity to advise how to meet all the health needs of children at all ages. I could not cover fully even the needs of the newborn; hence I will not attempt to cover any specific need or age period. I propose, rather, to present certain guiding principles which, it seems to me, must be followed reasonably well if the modern objectives of child health services are to be accomplished. I will also suggest how our present services should be altered to incorporate these principles.

Most of the principles are quite obvious; they follow logically from well-known features of child development and related health needs. Unfortunately, too little attention is given to these principles in planning health services for children and still less in their day-to-day application.

Guiding Principles

Although the needs of a growing child are constantly changing, there are certain characteristics or features of these needs which are common to all ages. I propose to describe a few of these features and then to state the guiding principle for child health services derived from each. Some of these principles are closely related but each deserves separate consideration.

Integration

Health needs for the most part are closely interrelated and interdependent. They cannot

Dr. Stuart is professor of maternal and child health, Harvard University School of Public Health. He presented this paper at the forty-eighth Annual Health Conference, Lake Placid, N. Y., June 5, 1952.

be dealt with independently of the setting in which they exist or individually without consideration of other needs.

Of course, children can be given diphtheria toxoid, for example, and thereby have one health need met without any consideration of the setting or of other health needs, but most of the things we try to do cannot be handled this way. It is unwise, for instance, to prescribe feedings for infants in specific detail without considering the infant's size, rate of growth, activity, relationship with his mother, emotional responses to his care, and other complex situations.

A common fault of the well-child conference is that it isolates a few health needs of the infant, concentrates upon them, and deals with them didactically while ignoring importantly related subjects. The opportunities for this approach are limited.

Insofar as possible, then, the health needs of an individual should be considered as a whole, by the same person or, preferably, by persons working closely together as a team. The latter method permits broader scope and the use of several approaches but still offers an integrated program.

Flexibility

Health problems and needs of all children are constantly changing. Though certain basic needs exist throughout infancy, childhood, and adolescence, even these change quantitatively, qualitatively, and in the manner in which they may be met. They tend to change very rapidly during periods of rapid growth and physiological development—most rapidly in early infancy, progressively more slowly during childhood, and again rapidly during the unstable period of adolescence.

Therefore, health services must be flexible; they must be adaptable to the unusual as well as the characteristic needs of each group. The service must grow with the children it serves. This is particularly true of the family physician or pediatrician. The well-child conference often fails to serve the preschool child satisfactorily because it is geared to the needs of infants and is not readily adaptable to the more complex needs of the older age group.

Continuity

The total health needs of a child at one age are determined to a considerable extent by past experiences. They, in turn, influence future problems and needs. Of course, many problems are transitory, but others, particularly emotional needs—such as the infant's need for affection and security—have long-time significance.

A poor mother-child relationship may produce different kinds of behavior problems and have different effects upon feeding and nutrition at succeeding ages. Although under favorable circumstances these problems tend to resolve themselves, a disturbing relationship continuing for a long time is likely to have lasting effects upon the personality and the emotions of the child and be reflected in his dietary and other habits.

In view of these circumstances, continuity of services and a periodic follow-up are essential if the factors contributing to a child's health problems are to be appreciated. Periodic visits for health services permit a long-time view of a child's health and progress.

Individual Differences

Because of the great differences between children in all attributes, their health needs necessarily differ greatly. Although there are common characteristics of the health needs of all children at each stage of development, the needs of each child differ in their timing, their urgency, and the ways in which they may be met successfully. They differ also in their combinations and in the manifestations of their neglect. Individual differences derive mainly from constitutional factors, but also from environmental factors.

There is much evidence that children succeed

as well as they do in accomplishing their objectives in growth and development because of their inherent capacity to adapt to and make up for difficulties. The evidence is clear, however, that the potential for growth progress and for adaptation varies widely among individuals, as do all other attributes.

Only by knowing a child's basic characteristics, his environment, and his responses to his environment can one give the best counsel as to meeting his needs. Hence, to be most effective, health services for the child must provide for continuing study of him as an individual and of his environment. A continuing and reasonably broad health history and repeated evaluations of the child's status and progress and of the adaptations which he is making are essential. Thus, continuity of services means more than a loose connection between episodic services at succeeding ages. It implies, rather, periodicity appropriate for age with continuity in procedures and records.

For example, repeated evidence as to a child's leanness or fatness and his consistency or change in body build throughout the years is essential for proper interpretation of his weight. In most of our schools, weights and heights are taken and recorded periodically, but in relatively few instances is this information utilized to provide an adequate understanding of each child from the standpoint of his build, his habits, and the problems with which he may be faced for life in attempting to maintain proper weight.

Rapport

Health services can be made effective only by influencing the mother during the child's early life and by influencing the child directly more and more as he grows older and acquires independence. During adolescence, it is the direct influence upon the boy or girl which is most effective. Health services, however, must often be mediated through the personnel of the school and at times through a variety of community contacts. When several people are involved in giving instruction and guidance, good teamwork is required to assure consistency.

Derived from this feature is the principle that the health needs of the child can be met effectively only by establishing rapport with

him and with those who care for him. Some needs, of course, can be met through general services operating in the community or through services dealing with children collectively. Health protection and promotion as we view them today require, in addition, individual services brought directly to each child and his family at home, at school, in the doctor's office, or at health centers. Those giving the services must understand their respective roles and regularly take counsel together.

Related to Medical Care

The needs of the child in health are closely related to his illness experiences. Meeting health needs adequately is, in fact, the cornerstone of preventive medicine. Although health services and diagnostic-therapeutic services differ to some extent in objectives and in methods—for example, diagnostic-therapeutic services are more episodic in character, more difficult to organize and to provide in a standard way, and often require more facilities and professional workers than health services—it is frequently difficult to draw a sharp line between them. Furthermore, the health service personnel who know the child and family and have their confidence can be of immeasurable assistance in difficult situations arising during illness.

Hence, health services and medical care for children should be as closely related as circumstances permit. They may be provided effectively by the same person or by different persons, but in the latter case it is imperative that communication between all concerned with a given child be provided and utilized. In practice, the most elementary point of such integration of services is commonly neglected; the person responsible for one service to a child often does not even know who provides the other.

Principles Into Practice

If our present facilities are to provide effective health services for the child, these broad principles must be put into practice. I should like to suggest improvements which the various facilities can make toward the accomplishment of this goal.

General Practitioner

Ideally, the general practitioner should take a prominent part in providing health services for children. The part he plays can vary all the way from providing comprehensive care in health and in illness to providing only diagnostic and therapeutic services.

In the former situation, there are the problems of stimulating the physician's interest in health services, of his obtaining the necessary knowledge and understanding of the scope of health services as currently conceived, and of educating him as to the community resources which he can utilize for the benefit of children. There is also the ever-present problem of his giving the time required to do this work well.

When the general practitioner provides only medical care in illness, a known and accepted relationship should exist between him and some cooperating individual or organization which provides the health services. Many difficulties have been encountered in attempting to establish this type of relationship, particularly in large urban areas. There should be continuing efforts to improve understanding between general practitioners and physicians and nurses in child health conferences or other health services, by personal contact.

Prenatal Clinic

It is obvious that the health needs of the fetus are related to the health and nutrition of the mother and that an important function of the physician is the prevention of congenital disease or damage from improper intra-uterine environment or from traumatizing labor or delivery. One of the present problems is to broaden the vision of obstetricians and others giving maternal care to encompass the social, psychological, and educational factors affecting the course and outcome of pregnancy. More consideration needs to be given to the part played by the husband in family planning and to his preparation for effective parenthood. Both parents should be given more training in infant care and more help in psychological and social adjustments in anticipation of the birth of the baby. To add these services to present prenatal care programs requires not only more time and interest on the part of the physician

and nurse but also greater participation by auxiliary personnel on the maternal health service team.

Child Health Conference

The same general considerations apply to the infant and preschool child health conference as to the prenatal clinic, but the child health conference is further advanced in the practice of the principles of child health services. The objectives of the physician and nurse providing well-child conference service today are very different from those of only a few years ago. The primary objective is to build up the mother's competence by giving her the knowledge and attitudes necessary for successful child care and rearing, and by helping her to understand her own child and his particular needs.

The mother should be encouraged to study her own child and to share her observations, problems, and plans with the physician and nurse. She should come for counsel and not merely for instruction. She should be encouraged to consider the long view, to plan for the future. Most of these opportunities are lost when service is terminated at 1 year. Mothers thus oriented early will usually demand continuing or periodic health visits during the preschool years.

Dr. Martha Eliot of the Children's Bureau has recently pointed out that the child health conference today is directed toward helping parents with normal, everyday problems in the growth and development of their children. She has raised the question, however, as to whether the child health conference needs re-vamping to serve as an effective tool for this purpose.

Preschool and School Health Services

The nursery school and the day-care center should be more intensively utilized for the study and training of the child. This will be most

effective if done in cooperation not only with the mother and the home, but also with the physician or health conference personnel.

After the child enters school, teamwork becomes vastly more important yet more difficult because so many people have a part in his care and education. There must be close understanding between the home and the school, between the school health service and the family physician, and between the educational staff of the school and the health personnel.

In high school, a satisfactory relationship should be established between the school health service and the students, ideally between the school physician and each child. Present pre-occupation with finding defects must give way to securing a better understanding of each child's characteristics and needs, and in conveying this understanding to him and his family. Motivating both the child and his family to constructive action is an important objective. For this purpose, health interviews are of greater importance than routine screening examinations.

Summary

I have implied many challenges to our child health services with the intent of stimulating all workers to be alert to opportunities for improving them. Much progress has been made in recent years, but we are still a long way from meeting all the health needs of every child at all stages of his development.

Primarily, health services for children need to be more integrated, both in relation to the needs of the moment and from age period to age period. Also, health counsel should be based on an understanding of the growth progress and the individual attributes of each child. We cannot expect to attain these goals within the foreseeable future, but we must keep alert to improve those aspects which, admittedly, are unnecessarily weak.

